PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

1150/0324

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		•			OR I r	-		
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ 8 minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	ESENT				+135=		OR	+270=		
* If	the difference	in column 1 is	less than zer	ess than zero, enter "0" in colur			L	TOTAL		OR	TOTAL	710-0	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
		(Column 1)		(Colu	mn 2)	(Column 3)		SMALL ENTITY		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL A114	=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		'	+135=		OR	+270=		
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Caluman 4)		(Colu	ımn 2)	(Column 3)		40011. FEE 1			ADDI1.1 EE		
_	**************************************	(Column 1) CLAIMS		HIG	HEST	(Column 5)	1 г		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T 01 4114	=	▍▐	X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	1 CLAIM		┛╏	+135=		OR	+270=		
							Ŀ	TOTAL		OR	TOTAL ADDIT. FEE		
		(Calumn 1)		(Calı	ımn 2)	(Column 3)		ADDIT. FEE			AUUII. PEE		
		(Column 1) CLAIMS			HEST	(Column o)	'l r		4001	ł		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
N Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***	· · · · · · · · ·	=]	X40=			X80=		
 	FIRST PRESE	ENTATION OF M	JULTIPLE DEF	PENDEN	IT CLAIM		┨╏	7		OR			
.								+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
**	The "Highest No	umber Previously I mber Previously P	raid For IN IHI aid For (Total o	r Indepen	is less the	an ૩, enter ૩." e highest numh	er foi	and in the an	propriate bo	x in co	olumn 1.		